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LETTER FOR HEADS OF STATE CALLING FOR A SEA-CHANGE IN THE COVID-19 PANDEMIC RESPONSE AT THE VACCINE SUMMIT

Dear leader,

We are writing as organizations, academics, activists and Covid-19 survivors in support of a People's Vaccine. We are part of a global movement fighting for equitable access to Covid-19 vaccines and other health tools for all. Today just 2% of people living in the poorest developing countries have been vaccinated and 10,000 people are dying each day of the virus. On the eve of the United Nations General Assembly and related Vaccine Summit, we call on you to use this moment to take immediate and bold actions to control the virus everywhere.

The grotesque inequity in access to COVID-19 technologies is depriving people in developing countries of life saving vaccines and is responsible for unnecessary loss of life. This inequality has resulted from the lack of global focus on maximizing the production of doses to cover the majority of people in all nations; on ensuring affordable pricing; and on forestalling nationalist hoarding of available doses. Even now, having achieved high vaccination rates within their borders, rich country governments are unforgivably blocking the solutions most needed to ramp up vaccine production and supply in developing countries. Vaccine inequality prolongs the pandemic and all its suffering; increases the risk of vaccine resistant variants, and, according to the IMF will cost the global economy trillions of dollars and dramatically increase inequality.

Several rich country governments, most notably Germany and the EU, the UK and Switzerland are blocking the approval of a temporary suspension of intellectual property (IP) rules called for by over 100 other countries. The Waiver proposed by India and South Africa would lift World Trade Organization (WTO) IP restrictions on the production of vaccines and other COVID-19 health technologies for capable manufacturers across the world. Rich country governments are also failing to exert influence over pharmaceutical companies to share critical technology and know-how to enable independent, wide-scale vaccine production by capable companies in developing countries.

Having vaccinated the majority of their people, rich countries are also purchasing millions more doses for boosters while failing to reallocate excess doses to redress vaccine inequality. In some cases, they have even taken doses from COVAX — the international mechanism on which many developing countries depend. Of the insufficient doses promised for reallocation by the G7 and EU only 15% have been delivered to date. In some cases, redistributed doses arrive too close to their expiry date to save lives.

Developing countries also have responsibilities to use all legal tools available to override IP barriers to COVID-19 health technologies; to expand and support regional manufacturing

capacity; to raise domestic resources to procure vaccines, medicines, tests, and personal protective equipment at affordable prices; and to strengthen health delivery systems.

We are appealing to your collective humanity; your duty to protect people from even more deadly vaccine resistant variants; your responsibility to uphold the right to health worldwide; and to your economic self-interest, to use this summit to correct the mistakes that have been made by taking immediate and bold actions:

1. Commit to a global plan to vaccinate 70% by the middle of 2022.

The WHO called for vaccinating 40% of every country population by December 2021 and 70% by mid-2022. The plan must turn these goals into a reality

2. Share vaccine technology and know-how and require pharmaceutical companies to do the same.

Mandate knowledge sharing and require and facilitate biopharmaceutical companies and other originators of COVID-19 medical-products to engage in technology transfer in order to allow scale-up of independent manufacturing capacity, to achieve more affordable pricing, and to accelerate equitable access. In addition, governments should support the WHO to operationalize the COVID-19 Technology Access Pool (C-TAP) and the mRNA and other vaccine technology transfer hubs, to further facilitate sharing vaccine technologies, know-how and IP.

3. Waive IP and override intellectual property barriers.

Immediately support the proposal by India and South Africa at the WTO to temporarily waive relevant IP rules under the Agreement of Trade-Related Intellectual Property Rights (TRIPS) for COVID-19 vaccines and other medical technologies until pandemic control is achieved. Once the Waiver is agreed, countries will also have to operationalize it in national law and thereafter coordinate with others to use global supply chains to manufacture and distribute COVID-19 vaccines and other health products.

4. Invest public funding to increase vaccine R&D and manufacturing capacity in developing countries.

This investment will build a global distributed network capable of and governed to deliver affordable vaccines as global medical public goods to all nations including but beyond COVID-19

5. Reallocate vaccine doses now.

Countries with vaccine over-supply that have already achieved high vaccination coverage must urgently redistribute COVID-19 vaccines via COVAX or other regional procurement mechanisms. They must publish a transparent timeline, to achieve the WHO target of vaccinating 40% of the population in low- and middle-income countries before by the end of 2021.

We urge you to rise to the huge responsibility of saving millions of lives from this pandemic by urgently taking the above 4 actions to ensure that all people in all countries have access to COVID-19 vaccines and other essential medical tools.

Signed,

Organizations

1. AccessIBSA Project, India, Brazil, South Africa

2. ActionAid International
3. Amnesty International
4. Association des Femmes de l'Europe Méridionale (AFEM)
5. Australian Fair Trade and Investment Network 6
6. Brazilian Interdisciplinary Aids Association (ABIA)
7. Child Way Uganda
8. Corporacion Innovarte
9. Global Call to Action Against Poverty (GCAP)
10. Global Health Advocates/Action Santé Mondiale
11. Health GAP (Global Access Project)
12. Just Treatment
13. Médecins Sans Frontières (MSF) Access Campaign
14. Norwegian People's Aid
15. Oxfam
16. People's Health Movement, Australia
17. People's Vaccine Kenya
18. Pharmaceutical Accountability Foundation, the Netherlands
19. Physicians for Human Rights
20. Public Citizen, USA
21. Public Eye, Switzerland
22. R2H Action [Right to Health], USA
23. Salud por Derecho
24. Salud y Farmacos, USA
25. STOPAIDS
26. Treatment Action Group (TAG)
27. Working Group on Intellectual Property from the Brazilian Network for the Integration of Peoples (GTPI/Rebrip)

Individuals

1. Achal Prabhala, coordinator of the AccessIBSA Project
2. Dr Aisling McMahon, Assistant Professor in Law, Maynooth University.
3. Dr Andrew Hill, senior visiting Research Fellow in the Pharmacology Department, Liverpool University
4. Prof. Brook K. Baker, Northeastern University School of Law

5. Dr David G Legge, Scholar Emeritus, La Trobe University, Australia
6. Dr. E. Richard Gold, Professor, McGill University Faculty of Law and Faculty of Medicine
7. Dr Els Torreele, Visiting Fellow, Institute for Innovation and Public Policy, University College London
8. Fiona Macmillan, Professor of Law, Birkbeck, University of London
9. George M. Carter, Founder/Director, FIAR
10. Dr Graham Duffield, Professor of International Governance, University of Leeds
11. Dr Hyo Yoon Kang, Reader in Law, Kent Law School, University of Kent
12. Dr Jorge Bermudez, National School of Public Health, Fiocruz, Brazil
13. Dr Luke McDonagh, Assistant Professor, LSE Law School, London School of Economics
14. Matthew Flinders Distinguished Professor Fran Baum, PHM & Flinders University, Australia
15. Matthew Herder, Director, Health Law Institute, Dalhousie University
16. Marcela Vieira, coordinator of the Knowledge Network for Innovation and Access to Medicines, Global Health Centre, Graduate Institute of Geneva
17. Dr. Mohga Kamal-Yanni, Senior advisor to the Global Vaccine Alliance and UNAIDS
18. Professor Nandini Ramanujam, Faculty of Law, McGill University
19. Paul Davis, Policy Director, Right to Health Action
20. Sakiko Fukuda-Parr, Professor of International Affairs, The New School, New York
21. Sharonann Lynch, Senior Scholar, Georgetown University's O'Neill Institute for National and Global Health Law
22. Dr Siva Thambisetty, Associate Professor of Law, London School of Economics
23. Suhayl Omar, Campaign lead People Vaccine, Kenya
24. Dr Tido von Schoen-Angerer, Fribourg University, Switzerland

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